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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHPP INTERNATIONAL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL DE ARAUJO ESQ

Name of Person

LAW OFFICE OF RAFAEL DE ARAUJO PA

Firm/Company

1221 BRICKELL AVE SUITE 700

Address

MIAMI FL 33131

City/State and Zip Code

RAFAEL@DEARAUJOLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL DE ARAUJO

305

542-6899

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee &
Certificate of Status | ☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CHPP INTERNATIONAL, LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HELIO D. DE SIQUEIRA NETO	6207 SAN MICHEL WAY	☒ Add
		DELRAY BEACH, FL 33484	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
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Dated DECEMBER 12 2016


Signature of a member or authorized person

Signature of a member or authorized representative of a member

RAFAEL DE ARAUJO, ESQ

Typed or printed name of signee